

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J. L.		3/10/00
O.I.P.E. CLASSIFIER	RSD		3/19/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	QCS	59227	4/7/00

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date	Claim	Date	Claim	Date
Final		Final		Final	
Original		Original		Original	
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If more than 150 claims or 10 actions  
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WARNING: The information Possession out

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